

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M. D., DIRECTOR

Weekly



Bulletin

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GUY P. JONES  
EDITOR

THE LAW AND THE HEALTH OFFICER\*

By WALTER M. DICKIE, M.D., Director State Department of Public Health

Laws relating to the public health are manifold and their variety is almost as great as that of the color scale. They range from measures for the abatement of nuisances to regulations for the control of the communicable diseases. They have to do with insects, animals, human beings and inanimate objects. It is doubtful if any department of civil government covers a wider range of subject matter than does the health department. The usefulness of health laws changes with the development of scientific knowledge in the control of disease and changes in living conditions, with the result that many of these laws have become archaic within a short space of years after their enactment.

The same may be true of laws for the prevention of crime and for many other laws that have been made for the protection of society. The change in our economic and social conditions is responsible also for making many laws inapplicable to modern social conditions. Most states, counties and cities have on their statute books laws of this type, which can not be enforced because the conditions which they were designed to meet

have disappeared entirely. For example, horse thieves have become almost non-existent since automobiles became our chief means of transportation, but the laws relating to the stealing of horses still stand. Many bridges and thoroughfares in California still bear signs which read, "Walk your horses," while automobiles drive over the same bridges and thoroughfares at speeds which would startle our grandparents.

It is only a few years since "pest-houses" were removed from the statutes of California. To be sure, we still have hospitals for communicable diseases, but that relic of the dark ages when disease was regarded as a punishment for sin—the pesthouse—is no longer heard of in this enlightened age. There is still a legislative act in force which prohibits the delivery of ice from breweries, although the changed social order has transformed most of our breweries into ice cream factories. Similar discrepancies exist in city and county ordinances, as well as in the legislative enactments of most of the other states.

FLEXIBLE LAWS NEEDED

Public health laws must be more or less flexible. Social conditions do not remain fixed and the laws must be so designed that they will apply to the con-

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tinual changes that must occur. The law confers upon the State Board of Public Health the power to make regulations for the control of the communicable diseases. Local health officers are charged with the enforcement of these regulations, which duty constitutes one of their most important offices. These regulations, however, do not remain stationary. With the development of new methods in the control of communicable diseases, the regulations are amended so as to make proper use of such efficient new machinery as may be made available.

Quarantine, isolation and observation of cases and contacts constitute the chief means used in the control of the various communicable diseases. The development of immunization procedures, however, has taken much of the discomfort out of the enforcement of stringent regulations. Quarantine has become a net rather than a stone wall. It is intended to select the individual who may constitute a menace to the health of his fellow men and to prevent his contact with other persons until such time as he may no longer be a menace to their health and safety. Quarantine today does not have the meaning that it had ten, twenty or even thirty years ago. The word quarantine is derived from the Italian word "quaranta," which means forty. In the Middle Ages ships which carried cases of pestilence aboard were detained for a period of forty days. It is this procedure which gave rise to the mechanism of quarantine. Throughout the intervening years, quarantine periods of arbitrary range have been enforced throughout most of the civilized world for the purpose of controlling the spread of the communicable diseases. And it is not so long ago that "shotgun" quarantines were in common usage everywhere. Fortunately, the application of these severe and stringent measures is no longer used where modern public health administration is in force.

#### QUARANTINE IS IMPORTANT

The modern application of quarantine is based upon scientific facts. Its application requires reason, judgment, tolerance and tact. It is not right that any individual should be held in restraint for a longer period than his dangerous condition persists. Modern science has for many diseases discovered methods of determining exactly when this dangerous condition no longer exists, and as a result quarantine is no longer the hardship that it was at one time. It is not the application of mere physical restraint through force. It is essentially a measure

the late terrors of which have been removed by means of modern scientific methods.

Quarantine is required in California for most of the extremely virulent infections and it must be admitted that for many severe diseases no other effective method of control is known. Technically, such diseases as smallpox, diphtheria and typhoid fever need not be quarantinable if individuals avail themselves of the opportunity to make themselves immune against these diseases through vaccination procedures. In some states, smallpox cases are not quarantined. Authorities in such states believe that the value of vaccination against smallpox is so well known that the responsibility for protecting the individual against the ravages of this disease rests upon the individual only and not upon public officials or upon the government. This method is not effective, however, in the protection of little children. If all little children were to receive this protection the responsibility upon the individual might well stand.

The duties that fall upon the average health officer cover an enormous range of subject matter, and the laws and regulations which he is called upon to enforce require considerable knowledge of health laws. In California during recent years there has been a marked tendency to reduce the number of laws that pertain to public health and to simplify the enforcement of existing laws. Such a policy is certain to be productive of beneficial results and it makes the enforcement of health laws and regulations much easier for all concerned.



#### Sewage Disposal Permits Pending.

The following applications for sewage disposal permits are pending before the State Board of Public Health, final action to be taken at the next meeting of the board, to be held in room 335, State Building, San Francisco, on March 2, 1929:

California Hot Springs—To construct an activated sludge plant, discharging chlorinated effluent into Deer Creek.

Vista, Vista Sanitary District—To construct sewage works and dispose of the effluent from an Imhoff tank and sprinkling filter plant into Buena Vista Creek.



There are approximately 470 psychiatric clinics for children in 31 states, sponsored by a great number of institutions and agencies. More than 40,000 children were examined and treated in these clinics during the past year.



### Animal Rabies Widely Prevalent.

There were twice as many cases of animal rabies reported in 1928 as were reported in 1927. Of the 710 such cases reported last year, 672 were in dogs; 14 in cats; 18 in cows; 4 in horses; 1 in a hog and 1 in a mule. The numbers of cases of animal rabies reported during the past five years in California are as follows:

1924-----	502
1925-----	353
1926-----	375
1927-----	376
1928-----	710

Rabies is especially prevalent now in the southern end of the state, as is shown in the following table:

	Los Angeles County exclusive of Los Angeles City----	Los Angeles City-----	Rest of Calif.-----
1925-----	69	169	115
1926-----	98	225	52
1927-----	94	208	74
1928-----	262	331	117

Rabies is spread almost exclusively by stray dogs and the control of the disease is therefore contingent upon the control of this large proportion of the dog population. When the disease becomes widely epidemic in specific localities, house dogs are likely to become infected. Ordinarily, however, dogs that are properly cared for seldom contract the disease. The best method of control yet devised consists in the enforced restriction of the liberty of dogs. If all dogs were kept upon the premises of their owners and if all stray dogs were placed under control, the disease would disappear. Vaccination against rabies is a useful measure of control if the procedure is repeated at frequent intervals. Unfortunately, the procedure of vaccination against rabies does not confer immunity for a period of longer than one year in most cases. If all dogs were vaccinated at least annually, this measure would be most effective in the control of the disease. In some cities the issuance of a dog license is made contingent upon the filing of a certificate of vaccination. The cost of the vaccination, however, makes the enforcement of such an ordinance exceedingly difficult. There is

ample authority for the quarantine of rabid animals and for restricting the liberty of all animals. Both methods of control are of value, and vaccination is of particular use to the dog owner who cares enough for his animal to secure this efficient protection against the contraction of the disease.

Human beings who show symptoms of rabies never recover. The Pasteur treatment is preventive only and it is essential that this treatment be started immediately after having been bitten by a rabid animal if the desired protection is to be obtained.

At the present time rabies is widely epidemic in California, particularly in the southern end of the state, and it is of the utmost importance, particularly for the provision of safety to children, that adequate control measures be established and enforced in all areas where the disease is epidemic.



### Accident Claims

#### Selma Health Officer.

Dr. F. H. Williams, who has been city health officer of Selma in Fresno County for many years, was killed recently in an automobile accident. Dr. C. B. Cowan has been appointed as his successor.



Children have more need of models than of critics.—Joubert.



### MORBIDITY.\*

#### Diphtheria.

73 cases of diphtheria have been reported, as follows: Alameda County 1, Berkeley 1, Oakland 1, Fresno County 1, Fresno 3, Los Angeles County 6, Burbank 3, Glendale 1, Huntington Park 1, Long Beach 1, Los Angeles 21, Montebello 1, Pasadena 1, Redondo 1, Whittier 2, Santa Ana 2, Hollister 1, San Bernardino County 1, San Bernardino 1, San Diego County 1, San Diego 1, San Francisco 10, San Luis Obispo County 1, Redwood City 1, San Mateo 1, Santa Clara County 2, Palo Alto 2, San Jose 3, Santa Clara 1.

#### Scarlet Fever

378 cases of scarlet fever have been reported, as follows: Alameda County 1, Alameda 2, Berkeley 3, Oakland 12, Jackson 2, Chico 1, Colusa 2, Fresno County 1, Fresno 3, Kern County 9, Taft 2, Lassen County 5, Los Angeles County 15, Alhambra 1, Beverly Hills 1, Compton 1, El Segundo 1, Glendale 1, Huntington Park 2, Inglewood 1, Long Beach 5, Los Angeles 79, San Fernando 4, San Gabriel 1, Whittier 4, Lynwood 1, South Gate 1, Bell 1, Madera County 4, Mendocino County 1; Los Banos 1, Monterey County 1, Pacific Grove 4, Grass Valley 6, Orange County 1, Riverside County 1, Hemet 2, Riverside 4, Sacramento County 1, Sacramento 17, Hollister 2, San Bernardino County 1, Ontario 2, San Bernardino 1, Upland 7, National City 2, San Diego 14, San

\*From reports received on January 21st and 22nd for week ending January 19th.



Francisco 48, San Joaquin County 11, Lodi 2, Stockton 18, Redwood City 1, San Mateo 2, Santa Barbara County 5, Santa Clara County 2, Gilroy 10, Los Gatos 1, Palo Alto 6, San Jose 9, Loyalton 2, Sonoma County 1, Petaluma 4, Stanislaus County 2, Modesto 1, Tulare County 4, Tuolumne County 2, Sonora 10, Yolo County 2, Marysville.

#### Measles.

32 cases of measles have been reported, as follows: Oakland 2, Los Angeles County 2, Glendale 1, Inglewood 1, Los Angeles 5, Los Banos 1, Monterey County 2, King City 8, Orange County 1, Santa Ana 2, San Bernardino County 1, San Francisco 3, San Luis Obispo County 1, Santa Barbara 1, Santa Clara County 1.

#### Smallpox.

41 cases of smallpox have been reported, as follows: Alameda County 15, Berkeley 2, Oakland 2, Butte County 5, Humboldt County 3, Eureka 6, Redlands 1, San Francisco 4, Santa Clara County 1, Tehama County 1, Visalia 1.

#### Typhoid Fever.

3 cases reported, California.

#### Whooping Cough.

228 cases of whooping cough have been reported, as follows: Alameda County 11, Berke-

ley 3, Oakland 10, Contra Costa County 4, Los Angeles County 16, Alhambra 2, El Monte 2, Glendale 14, Huntington Park 8, Inglewood 2, Long Beach 4, Los Angeles 19, Pasadena 3, San Gabriel 1, Santa Monica 1, Whittier 2, Signal Hill 1, Maywood 3, Monterey County 2, King City 4, Salinas 1, Orange County 11, Anaheim 6, Brea 3, Fullerton 3, Plumas County 1, San Jacinto 2, Sacramento 1, San Bernardino 2, San Diego County 6, National City 3, San Diego 3, San Francisco 14, San Joaquin County 3, Lodi 3, Burlingame 1, Santa Barbara County 6, Santa Barbara 9, Santa Clara County 2, San Jose 4, Watsonville 2, Loyalton 1, Tehama County 2, Corning 10, Red Bluff 2.

#### Food Poisoning.

South Gate reported 5 cases of food poisoning.

#### Meningitis (Epidemic).

4 cases of epidemic meningitis have been reported, as follows: Contra Costa County 1, Napa County 1, San Francisco 2.

#### Poliomyelitis.

Fresno County reported one case of poliomyelitis.

#### Encephalitis (Epidemic).

4 cases of epidemic encephalitis have been reported, as follows: Berkeley 1, Los Angeles County 1, San Francisco 1, Gilroy 1.

### COMMUNICABLE DISEASE REPORTS

Disease	1928-1929				1927-1928			
	Week ending			Reports for week ending Jan. 19 received by Jan. 22	Week ending			Reports for week ending Jan. 21 received by Jan. 24
	Dec. 29	Jan. 5	Jan. 12		Dec. 31	Jan. 7	Jan. 14	
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	0	0	0	0	1	0	0
Chickenpox	110	185	327	279	203	438	587	444
Diphtheria	57	54	65	73	146	140	142	132
Dysentery (Bacillary)	0	1	0	1	2	4	6	0
Encephalitis (Epidemic)	0	2	3	4	5	1	2	2
Food poisoning	0	0	1	5	1	3	2	0
German Measles	7	10	15	12	40	196	274	309
Gonococcus Infection	70	99	126	108	68	127	85	86
Influenza	1,561	1,365	987	455	27	35	34	41
Jaundice (Epidemic)	0	0	0	0	0	0	0	0
Leprosy	0	0	0	0	0	0	0	1
Malaria	2	0	5	2	1	0	0	1
Measles	19	22	26	32	42	83	103	70
Meningitis (Epidemic)	15	11	18	4	2	4	9	4
Mumps	98	157	275	219	65	96	153	195
Paratyphoid Fever	0	1	0	1	1	1	0	0
Pneumonia (Lobar)	88	94	78	87	187	79	77	61
Poliomyelitis	1	1	3	1	16	11	11	6
Rabies (Animal)	17	13	12	9	19	5	21	20
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	150	195	275	378	172	166	222	202
Smallpox	19	13	39	41	20	20	24	30
Syphilis	89	128	190	127	109	123	133	113
Tetanus	0	1	2	1	4	0	1	0
Trachoma	1	0	1	0	1	2	4	4
Trichinosis	0	0	0	0	0	0	0	0
Tuberculosis	145	186	227	250	156	132	202	187
Typhoid Fever	8	5	2	3	9	6	16	3
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	71	154	207	228	60	104	146	140
Totals	2,528	2,797	2,884	2,320	1,356	1,777	2,254	2,051

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